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CONFIRMATION NO. 3056

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| SERIAL NUMBER 09/945,038 | FILING OR 371(c) DATE 08/31/2001 RULE | CLASS 705 | GROUP ART UNIT 3626 | ATTORNEY DOCKET NO. |
| APPLICANTS Ann Mond Johnson, River Forest, IL; Tracy J. Heilman, Chicago, IL; Joseph Donlan, Chicago, IL; John Fiacco, Roswell, GA; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/04/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY IL | SHEETS DRAWING 15 | TOTAL CLAIMS 12 |
| | | INDEPENDENT CLAIMS 3 | | |
| ADDRESS Ann Mond Johnson 543 Monroe Avenue River Forest, IL60305 | | | | |
| TITLE Method and system for consumer healthcare decisionmaking | | | | |
| FILING FEE RECEIVED 355 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |